Browndale's Satellite Model

by JOHN BROWN, FRSH, ACSW, AGPA Founder of Browndale

With our community-based Therapeutic Family Homes flourishing throughout Ontario, we began to think "family" much more than we had done previously. It became increasingly evident that the thinking and planning for children who presented serious management problems for their families was grossly uninspired and shallow in keeping with the traditions of psychiatry and social work in North America. Conventional approaches had always excluded the family and the parents when a child evidenced problems of adjustment. Child protection laws had always emphasized alternatives to the family at times of breakdown, rather than support to the family so that it could again function adequately.

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Through the introduction of Freudian insights to the child care field, workers and agencies were encouraged in this position towards families by an awareness that families frequently scapegoat a child in order to maintain the family stability or in order to avoid parental breakdown in one or the other or both of the parents. The order of the day was to provide some cursory counseling support to the family if there had not been gross neglect or abuse and especially if the family were middle class in status. If this did not immediately alleviate the situation, alternatives to the family were found in foster homes, group homes, reform institutions, congregate institutions, hospitals and, later, in treatment centers. From the point of removal of the child, the family received precious little support or help for their problems. The major focus became the child and his "treatment", totally separate from the family.

As a young professional I always felt that the activities of. social workers, psychologists, and psychiatrists, and of all the social agencies that I had experience with, violated parents and families and abused the child in their approaches, actions, and attitudes. It seemed to me that the majority of these centers were grossly racist, classist, and primarily concerned with the promotion of their elitist professional identity. In those days, I had a simple solution which no one seemed to take seriously: Burn down the social agencies and hang the professionals. In other words, scrap the whole system and ask ourselves, what do we want for the children and families who have problems in adjustment?

I was convinced that the systems of service were so ingrained and established in their funding and support structures that efforts to change them short of the suggestions above, would be met with failure. I viewed the field of help for children and families with an ever-growing discouragement. I had direct experience with the most severely maladjusted and disturbed children in our society, and I had a strong sense of hopefulness that the child and family could be helped, that they were responsive to tactful human approaches, and that they had great residual strengths that generally overrode the problems, or had the potential to do so if only people would work to develop those strengths and focus less on the problems and weaknesses.

Boards of directors of social agencies and the professional elite of the staff generally formed a barricade that could not be breached. It wasn't until I began to work for the Board of St. Faith's Lodge in Newmarket, Ontario (Canada), in a program run by them called Warrendale that I discovered that this need not always be so. At Warrendale I discovered that if we dealt openly and directly with the board, and if we specialized in those children that disturbed conventional agencies and were the greatest problem to society at large, we could indeed develop an alternative that had the support of the funding agencies, the boards of social agencies, and even the tolerance, although this was marginal, of the professional elite.

In the early 1950's we began involving parents of children where that was possible in terms of our limited resources in terms of staff. We were fortunate in all of this work in having Dr. Martin Fischer who, while the very essence of the professional elite, combined with the ultra-professionalism a matter-of-fact understanding and humanism elitist professional identity. In those days, I had a simple solution which no one seemed to take seriously: Burn down the social agencies and hang the professionals. In other words, scrap the whole system and ask ourselves, what do we want for the children and families who have problems in adjustment?

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We tried many different approaches to families: one worker for each family, one worker for each member of the family and the child, total family groups, each parent seen separately, parents seen together, the family seen in social gatherings with other families, the family included in the work of the treatment centre for their child through visits to the treatment centre and through visits of their child to them, the placement of child care staff in the family home, family camping where the family camp was near our own campgrounds, parent therapy groups, individual and group therapy groups, peer therapy groups for the different ages of the family group members, etc. In all of these approaches, the thing that stood out most was that there was a strong potential for the family as a social unit to function in support of its members and that when we had the insight from the professional sources on our team, we were able to interact in the normal life style in

useful and helpful ways, teaching the members of the family how to live more effectively and supportively with one another.

With this as background, it was not difficult for us to see that the establishment of therapeutic family homes for children was more a response to the tradition within the helping professions of removing children from their homes when there was a problem, than reflective of the best service to the child's needs and to the family's needs. The question of when the child should go home was one that we had grappled with as do all residential programs. We increasingly came to believe that the child should not be removed from the family and that the family should provide the child care and the residential setting while the child and the family received help. Once we had formulated this, everything became so clear. All the families where children had been removed had spent many years struggling with the child's problem, except those children of unmarried mothers where the social agencies conspired and collaborated to keep the families uninvolved as a deliberate policy, and with those children who were orphans without kin (a very small number, indeed). The capacity that the parents

had shown over the years of their efforts to cope with the child's problems always impressed me immensely, especially since most families received little or no support from society during their struggle. Generally, society through its agencies, didn't get involved until the family broke down under the burden, or the parents gave up. At that point, the child was taken into care and the parents and family were shunted aside as failures — a gross, inhuman, rip-off of families. The child became a child of the state and the state generally parented through its agencies less effectively and well than the original family, and the child was bereft of the love and involvement and rootedness that all people need. Little wonder then that the programs set up for these children never lived up to the expectation and promise of the people who ran them and the people who funded them.

But now the child was a ward of the state, or the state agency, and there was no standard maintained to protect his interests, or the interests of his family, or to see that the child indeed received the help that he needed. In fact, the child was in greater jeopardy than before he was taken into care, because there was no one to judge or intervene when the state failed in its role of parenting, caring for, and supporting the child. Parents who had had their parental rights removed by the courts but continued to want access, or to have a say in the destiny of their child, were written off as uncooperative troublemakers. No one seemed to notice that their very struggle to have access and involvement was evidence of

a parental ingredient which the child needed, and which the state or its agents could not produce.

Our first departure from the then current practice of child welfare in the early 1950s was a refusal to accept the then fashionable practice of objective relationships by all persons working with the child. Even foster parents were instructed not to allow themselves to become involved. The child was actually isolated from any involvement with another person as an official action of the state and the state's agents — a most cruel and inhuman practice. When we announced in 1953 at Warrendale that we had abandoned the rationals of objective relationship and that we sought deliberately and purposefully to achieve subjective relationships with our clients, we were judged as naive, poorly trained, and a very harmful force for the children that came to us. Somehow we were able to withstand the pressure from within our organization and from without so that we never modified or altered that stand or approach. None of us can exist in limbo. A child with adjustment problems who has been placed away from his kin is receiving cruel and unnecessarily vicious treatment when he is

placed in a residential program — no matter how well it is professionally staffed — that advocates objective ties to the child as a process of treatment.

Our experience seemed to lead us more and more to the conviction that no matter how inadequate, desperate, or poor the family situation was, it could not be as bad as the alternatives that were provided when the child was removed from his home. No matter how tired or exhausted the parents, or how poor the care, removing the child from his home subjected him to far greater lacks than he would receive if he remained in the family and the family were offered the support it needed to cope.

So in 1970 a brief was prepared by myself and mailed under the signature of the board chairman of Browndale to all the members of the Legislature of British Columbia and Ontario. That brief now follows in full.

A Proposal for treatment of seriously emotionally disturbed children in their own homes or foster homes

Submitted by the Board of Browndale September 21, 1970

WHY WOULD WE WISH TO TREAT EMOTIONALLY DISTURBED CHILDREN IN THEIR OWN HOMES?

For the last several decades, it has been the custom of child caring agencies to remove seriously disturbed children from their families and homes in order to provide them with treatment. In fact, there was a tendency to take away parental rights with little cause or justification, other than the child's disturbance.

In our work at Warrendale and Browndale, we learned to respect the deep and lasting ties that exist and are never lost between a parent and a child. However much one may have failed the other: the tie remains. At present, we neither understand nor properly respect this tie.

As a result of this, we have subjected parents and children to undue suffering and we have created additional problems for them that are often unnecessary and cruel.

Many times the child's unhappiness about the separation expressed itself in behaviour which made adjustment in foster homes and institutions impossible.

On the part of the parents, their hurt and rejection often resulted in unfair self-criticism and lack of co-operation with the social and public agencies.

One of the serious consequences of organized programs for emotionally disturbed children that results from this practice is the problem of finding proper placement after the child has completed treatment. The intense relationships required to reach a meaningful tie with the child that he could trust and respect, left him with a relationship that got violated when he was discharged and put back in the community.

We found that we could only solve this problem if we placed the child in the home of a staff member who had worked closely with him in treatment, or if we worked simultaneously with the parent, so the child could return to his family after treatment.

It has long been our thought at Browndale that seriously emotionally disturbed children could be treated successfully in their own homes or foster homes, where they had made ties (in the case of orphans), if the proper resources were made available to such families,

and the help they needed was extended to them with respect, tactfulness, and an awareness of their latent potential to be adequate parents.

So, in summary, we want to do this because we think it is best for the child, fairest and best for the parents of the child, and more economical in terms of dollar cost to the community.

WHAT WOULD WE DO?

At the point of the referral of an emotionally disturbed child to our treatment centre, we would assess immediately, before placement, the possibility of the child remaining at home during the treatment program.

If there were parents, or if the child was related in a foster family or an adoption home, we would bring the child into our nearest Therapeutic Community Home (our treatment unit), for a ten-day assessment.

If it was felt that a ten-day assessment in our community home was undesirable, a professional team would do the assessments in the home of the child's family.

Following the ten-day assessment, staff from our Therapeutic Community Home would begin working with the child in his own home. The child would be brought into the Therapeutic Community Home in the evening, or overnight, or at crisis times, or the child and a parent, or the child and one or more sisters or brothers would be worked with in our Therapeutic Community Home. This would be set up by their coming for certain hours of the day to the Therapeutic Community Home or by our staff going to their home.

The parents of the child would have access to all of the staff in our Therapeutic Community Home to which this family was assigned, plus all of our Professional Resource Bank. This would mean that anytime, night or day, seven days a week, the father, or mother, or the child could contact someone for advice, support, intervention, or whatever was appropriate to the situation.

Certain workers are always on standby for relief and crisis intervention, and would be available to go immediately to the parents' help in their own home, or to remove the child long enough for the parents and child to get a perspective on the situation.

We would intervene always with the understanding and co-operation of the parent and would share our reasons with the family for everything that we did. There would be total family meetings held with the parents, child, brothers and sisters, and certain of our staff, and there would be meetings where the parents could separately and together discuss their own problems in raising this child.

HOW WOULD WE DO IT?

We think that each of our Therapeutic Community Homes now operating could extend itself to work with as many children in out-patient care, as described above, as they have in in-patient care, with a limited addition of experienced child care standby staff.

As we gained experience in working with the child in his own home, new Therapeutic Community Homes could be established as needed, close to the families who have problems of emotional disturbance with one or more of their children.

WHEN WILL WE BE READY?

This program could begin immediately, as far as our work is concerned.

WHAT WILL IT COST?

By reducing our present fee, in the items of clothing, part of the item of food, part of the item of lodging, and part of the item of administrative cost (we wouldn't need to set up administrative organizational structures because this program would be run through our existing community homes), we think we could manage a safe break even position on $25.00 a day. It is our belief that the cost initially would be in excess of $25.00 a day, but towards the end of treatment, it would be less than $25.00 a day; therefore averaging out to $25.00 a day.

We would cost account the program initially to come up with precise patterns of cost. It might be that after a year's experience, a graduated fee structure could be established, from the beginning of treatment to the completion of treatment, reflecting the variable costs at different stages of treatment.

Two items would account for overall extensive savings to the community: 1. The length of treatment of the child should be greatly reduced since it would not be necessary to

establish deep dependency ties before treatment began, and 2. The rehabilitation of the child back to his family would be eliminated and the costs of doing this, saved.

One could anticipate that in overall costs, there would be a reduction of one-half of current experience.

When one recognizes that our costs currently are about one-third the cost of government programs, this modification could cut costs to one-sixth of their present rate.

Recent experience has indicated that to treat emotionally disturbed children successfully, could run anywhere from $30,000.00 to $60,000.00 over the total course of treatment. This proposal would cut total treatment costs to anywhere from $15,000.00 to $20,000.00.

In addition of course, there would be an intact family contributing to the community and society at large.

SUMMARY

With the high costs of treating emotionally disturbed children and the growing number of such children in our society, it would seem that nothing but good could come from the collaboration of your department and Browndale, to test the principles of treatment suggested above.

In such an experimental program, there would be no wasted dollars because the child needing service and his family would be receiving attention even as we were testing the principle, and should it fail to be effective, the child could be readily brought into an in-patient program and the parents into a parent group, such as we are doing now in our Therapeutic Community Homes.

We appeal for favourable consideration of this plan.

Allan King President.

The model was tested on a number of children on the Browndale waiting list in Ontario and proved so effective that in 1973 the Ontario Government negotiated the first Satellite

program which it funded on a trial basis, followed in the same year by a program in British Columbia.

The model has received considerable resistance in the professional and child care community both in the public and private sector. It is usually dismissed out of hand as something which the professional or the professional's agency has been doing through its homemaker service or its family extension service or its family counselling services. Secondly, it gets rejected because the people who do the work are not professionally trained; and if all those things fail, then it is rejected because it is said to be duplicating the preventive work of existing services.

Of course, most jurisdictions in North America do not have legislation to fund programs for keeping the child at home. Many states and provinces still do not have legislation that guarantees the child treatment when he needs treatment away from home. So we know it will be a period of time before the model gets acceptance and legislation to fund it gets passed.

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I would like to state in summary what the model is. The Satellite refers to a small family home staffed and serviced precisely as a Browndale Therapeutic Family Home is with seven to twenty-one children and their families attached to it as satellites to a mother ship. The building itself then becomes a highly flexible, transient facility that can provide crisis placement, day and night programs, parent and family gathering place, school and counselling facilities to the attached families and their members on any combination of individual or group structures. The workers go into the family in the role of extended family members and help the family manage the child and his problem through demonstration and teaching, but never taking over the parent's role. The child and family are not approached as cases, or problems, but as whole human beings and whole families with all the needs of individuals and families and all the potential strengths latent, or as yet poorly developed, within them.

The Professional Resource Bank is available to the staff and to the families as they are willing and able to use them. The families are helped to learn how to help one another and how to help other families in similar circumstances. The greatest contribution is health oriented support to all family members and the teaching of methods and techniques for effective life style management of the home.

Staff are given two major instructions as guidelines:

First, respect the dignity of the parent's role as parent in all of your interaction with the family, making sure never to undermine that role, or bypass that role, by your behaviour or your talk. This includes doing those supportive things that help the parent parent successfully rather than parenting in his stead. This requires that no member of the family be seen as a "case" or approached or viewed in terms of a diagnostic classification (you can see why it is necessary to have non-professional staff do this work).

Secondly, staff are instructed to interact with the family primarily in non-verbal ways so as to re-establish communication within the family by its members and between the family and the outside world. It is hoped that if this can be done that the latent strength that we know all families have, (even the artificial families that we create under the name of Therapeutic Families), will begin to be exercised and strengthened to the point where full communication is restored and the family can carry on the struggle with its problems without the intense ongoing support.

Of course, in all this, the Professional Resource Bank members function differently from the untrained family workers that do this work. The professional, when he encounters the family or members of the family, must treat the family as a case to view it in terms of its pathological classifications and their etiologies. We do not want the professional people to act like the family workers and we do not want the family'workers to act like professional people. They represent two different inputs that the family need and are most effective when they are offered without watering down or contamination by influence from one another. They must be experienced by the family and its members as an integrated entity. This model properly operated will cope with the most seriously disturbed, acting out child and his family in the family home in the community without hazard to the child, the family or the community.

It is a model that lends itself well to those problems currently seen as posing the need for immediate separation: child neglect, child abuse, anti-social behaviour in the community,

self-destructiveness, multiple handicapped children, retardation, brain damage, and childhood psychoses.